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PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	60,130-1883;02MRA0333
	<b>First Named Inventor</b>	Emmanuel HUBER
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10 / 657,731
	<b>Filing Date</b>	September 8, 2003
	<b>Group Art Unit</b>	3676
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR LOCAL SECURITY LOCKING OF A VEHICLE DOOR

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/08/2003

as United States Application Number or PCT International

Application Number 10/657,731

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
02 11 144	France	09/06/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label **026096** OR ☐ Correspondence address belowName **Anna M. Shih**Address **400 W. Maple Road**Address **Suite 350**City **Birmingham**State **Michigan**ZIP **48009**Country **United States**Telephone **(248) 988-8360**Fax **(248) 988-8363**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) **Emmanuel**Family Name  
or Surname **HUBER**Inventor's  
Signature Date **02/10/2003**Residence: City **Chateauneuf sur Loire**

State

Country **France**Citizenship **France**Mailing Address **2 rue Marius Morin**

Mailing Address

City **Chateauneuf sur Loire**

State

ZIP **45110**Country **France****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) **Jean Marc**Family Name  
or Surname **BELMOND**Inventor's  
Signature Date **03/10/2003**Residence: City **St Jean Le Blanc**

State

Country **France**Citizenship **France**Mailing Address **18 rue des Feuillantines**

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City **St Jean Le Blanc**

State

ZIP **45650**Country **France**☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

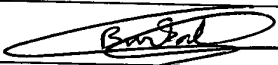


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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Frédéric		BURKAT	
Inventor's Signature 		Date 02/10/03	
Residence: City	Bouzy La Foret	State	Country France
		State	Citizenship France
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Mailing Address			
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		Country	France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
		State	Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
		State	Citizenship
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